Facility Program Statement
Facility Development

URS Bovis Lend Lease Joint Venture

FACILITY DEVELOPMENT

Previous sections of this Report have discussed the values, goals, and objectives of the new CHCF. Various options for the organization, operations, and siting of the new CHCFs have also been presented. Detailed operational guidelines have been offered that establish the foundation for determining the spatial and functional basis for the new facilities. This section addresses the development basis in terms of a design and development philosophy and how this philosophy should drive the site use approach.

Philosophical Concept

The philosophical framework for the new CHCFs is grounded in the reason for the Federal Court intervention; namely, the environment that is currently being provided for the delivery of medical and mental health services to inmates does not meet constitutional minimums. The Court's intervention requires that every aspect of the delivery of health and mental health services take into account the objective of returning the inmate to a condition that prepares him or her to return to general custody or to be released to the community, if the terms of the inmate's commitment have been satisfied.

The philosophy of patient care was outlined in the Operational Guidelines document, which was presented earlier in this FPS Third Draft. The overarching value that has defined every effort to define constitutional minimum levels of care has been: the CHCF is a health care facility that cares for prisoners as patients and not a prison that cares for health care needs as inmates. Accepting the Core Value will influence every design choice from security to methods of visitation. The following recaps the philosophical principles that drive the spatial program and should inform the design concepts:

1. The CHCFs will provide needs-focused medical and mental health delivery sub-acute services consistent with the requirements of the American with Disabilities Act. Acute medical care will be provided within existing, new, or contracted facilities by CDCR.

2. Admission to a CHCF will be determined by established evidence-based assessment and criteria.

3. Once admitted to a CHCF, a specific, system-wide plan for addressing collective and individual health and mental health deficits and needs will be developed.

4. Regardless of the total bed spaces in a CHCF, the patient will be assigned to an appropriately-sized, secure, and safe environment that allows both staff and the patient to concentrate on the treatment approach that is designed for recovery or management of the patient's illness or infirmity.

5. The health and mental health service delivery system offered will encourage the patient to fully participate in the treatment regime and to accept individual responsibility for achieving the goals of recovery mutually established with health professionals.

6. All aspects of the healing environments will be based on established and conventional practices within the medical and mental health professions, with emphasis on the provision of any required physical barriers commensurate with the quantified security need.

7. Patients will be encouraged to participate together in programs and services as appropriate to their acuity and security classifications. However, the sight and sound separation of patients will be maintained in instances where gender and security concerns dictate.

Taken collectively, these principles will establish the organizational structure, levels of care, and location of any new CHCF. Individually, these principles will influence decisions regarding the functional relationships between components, the size of spaces, the security levels, and the configuration of living environments. Every design and construction decision should be tested against the philosophical principle that the CHCF is a health care environment that, while secure, remains focused on providing the care that affords the patient every opportunity for improvement, and permits a return to general custody or assignment to a prelease facility.

Site Planning Criteria

The organization of the sites for the CHCFs should embody the philosophical intent of the facilities through functional relationships, configuration, scale, design, and selection of materials. While the CHCFs may be co-located with CDCR prisons, the specialized role of the CHCFs as secure health care facilities should be obvious to patients, staff, and visitors.

A determination has been reached that the perimeter of the CHCFs should be secured through fencing, lighting, electronic surveillance, and patrol roads. However, every attempt should be made to emphasize the health-focused mission of these facilities as opposed to prisons. The challenge of this requirement is significant, but landscaping, scale, and form can do much to strengthen the health care mission of the CHCFs. Several criteria are proposed to inform the site planning approach for the new CHCFs.

1. A lethal fence will be used. Every effort should be made to reduce the visual impact of the perimeter configuration through the landscaping approach. Regardless of the perimeter configuration, the visual context of the CHCF that is presented to the surrounding community should suggest a health care rather than prison mission.

2. Single story or low scale structures are preferred due to the infirm levels of the patients. This criterion translates to very large building footprints (a typical 64-bed EOP housing unit is more than 15,000 square feet). To emphasize the “community” scale of these (and all) buildings, varying roof designs and heights should be considered. If multi-story structures are required, they should still be designed and organized to emphasize a “community” scale and residential qualities.

3. Although housing units and most spaces involving patients should be low scale buildings, staff-only components may be multi-level. Due to unusual site constraints,

housing units must be located above the ground level. The higher acuity medical and mental health units could be placed above support core components provided an adequate number of elevators are provided.

4. The space between building components is critical for patients of acuity levels that require daily participation in activities such as centralized treatment. Walkways between the housing units and centralized functions do not necessarily have to be enclosed spaces. Consideration for temperature-controlled enclosed spaces should be made on a site-by-site basis, and according to the needs of specific patient populations at a given site, i.e., acute psychiatric program patients on psychotropic medication regimes, etc. Materials used for walkways should be slip-resistant and smooth surfaced.

5. Internal recreation yards and landscaped areas, including trees, are encouraged to reduce the "institution-like" appearance. Scale, materials, and colors should emphasize the health care mission of the facility.

The overarching site development criterion is based on a philosophy that the CHCFs should be distinguishable in scale and appearance as health care environments. This should provide designers with sufficient latitude to depart from traditional prison concepts and explore a unique blend of health care institution, community college, and residential scales as the basis for the site plans.

Planning Standards

The discussion of the site use concepts in the following section was based upon an allocation of space for the major components of the CHCF program. Where appropriate, these new facilities blend the spaces of health care with those of a secure correctional environment. While the operational philosophy of a health care facility has driven the functional arrangements of the facility components, space allocations for some of the housing and recreational areas have been based upon standards recommended by the American Correctional Association (ACA).

In the Specialized General Population (SPG) and Enhanced Outpatient (EOP) housing units, the minimum space standards for sleeping areas (rooms and dormitory cubicles) of 25 to 35 unencumbered square feet per occupant has defined the space allocation. The dayroom size in these units has also been driven by the ACA recommended standard of 25 to 35 square feet per occupant of the space. A final ACA suggested a standard of 15 square feet per housing unit occupant in outdoor recreation areas was used to size the outdoor areas adjacent the housing units.

These identifiable space standards are not intended to represent maximum space allocations, but have been used by various federal and state courts to interpret constitutional minimums in cases regarding conditions of confinement in correctional facilities. In the development of the FPS, the ACA space standards have been viewed as "minimums" and not a maximum area standard. In many of the rooms, the intended use of the space as a medical or mental health care environment (e.g., three-sided bed access) has driven the recommended sizes.

While the space allocation for many building types (educational or correctional) is driven by industry standards, the CHCFs represents a unique blending of many functional components of education, food service, living, recreation, and medical uses that draw from a variety of benchmarks and not a single set of space standards. Therefore, the planning approach has attempted to use an evidence-based process to define the space allocation. Every component of the CHCF has been reviewed in light of the intended use, frequency, and location as factors driving the space allocation. With a space assignment for each component of the CHCF, site use concepts were developed.

Site Use Concepts

In the development of the FPS, various functional relationships were explored between the major components of a CHCF. Certain group activities, such as recreation and clinical services, are centrally located in a "treatment mall" to encourage movement by those patients who are physically and mentally suitable to do so. However, the overall concept of service delivery is to de-centralize the essential services such as treatment services, dining, and treatment administration to housing unit cluster support buildings. This de-centralization concept is a key tenet of the development approach for the CHCFs, and should be reflected in the site plans for each facility.

As noted in the Operational Guidelines, the patients will be assigned to housing units that are grouped into a cluster, or treatment "community." Most daily activities will occur in these treatment communities, but as noted, approximately 40 to 50 percent of the patients will be physically and mentally well enough to move on their own or with assistance to certain centralized functions. However, most of the "activities of daily living" will occur in the de-centralized treatment "community."

The arrangement of functional components and the design expression of these clusters should reflect the entire treatment environment of a CHCF. Since the housing units and the support clusters are proposed as low scale spaces, the occupied ground area of a cluster will be large (potentially 1.5 acres or more), and thus requires specific attention to vertical and horizontal scale.

The expression of scale and functional arrangement of buildings should begin at the entrance. Regardless of the perimeter configuration, once inside the perimeter, the staff, visitor, and patient should be visually reminded that the CHCF is a treatment environment. The environment should be "holistic" in expression that addresses matters of scale, configuration, materials, landscape and hardscape patterns, lighting, orientation, and many other factors of site planning that will define the mission of the CHCF.

Facility Security Approaches

The Perimeter Enclosure

The facility perimeter will be of appropriate strength to hold the patients inside for the protection of the public. The following components may be part of the perimeter:

- Fenced enclosure
- Electronic detection system
- 24-hour tower
- Vehicle patrol
- Chase/patrol road
- Fencing line and treated soil with gravel and/or sand
- Perimeter lighting with quartz back-up
- Razor ribbon coils
- Concrete grade beam

Passage through the perimeter is controlled by interlocked vehicle sallyports and interlocked pedestrian sallyports.

Security Zones

There are five basic security zones:

- The Public Zone No. 1 including approach drives, designated parking, and outside public reception areas.
- The Permitted Exterior Zone No. 2 encompasses the buffer zones, some decentralized staff parking, outside support services facilities, and miscellaneous utility structures. The public/staff accesses this zone by permission only.
- The Perimeter Zone No. 3 includes the perimeter chase drive, the tower, double perimeter fencing, the inside edge distance, and indirectly the Central Control Room. This zone is off limits to all but perimeter custody personnel and authorized maintenance staff.
- The Inside Zone No. 4 encompasses patient community and program buildings and the various pedestrian movement ways given some level of restrictions.
- The Housing Cluster Zone No. 5 is where patients can be confined to the cluster of housing buildings within the cluster secure perimeter walls, including varying degrees of custody control.

Facility Type Matrix

A total of seven CHCFs will be required to meet the projected medical and mental health needs for the State. Of these seven projects, five are equivalent in operational approach and space/resource allocation. Two of the CHCFs (one proposed for the south and another for the north) are unique, given their proposed bed sizes and program requirements.

Throughout the FPS, the need for operation-driven space allocation has been stressed. After a careful, extensive analysis of the treatment basis for each level of care, several prototype housing unit space programs were developed. The housing units range in size from as few as eight for female hospice patients to as many as 64 for Specialized GP and EOP patients.

With an overarching focus on the most efficient means of delivering care through a de-centralized model of service delivery, various housing units were “clustered” to form a

treatment community, which will be the center of activity for a large portion of a patient's stay at a CHCF. This cluster of housing units and de-centralized treatment and support spaces establish the form of each CHCF, as well as provide an organization structure for these unique treatment facilities.

In the five "typical" CHCFs that contain 1,320 patient beds each, six living and treatment clusters are provided. The range of patients is from 128 in the Enhanced Outpatient-High cluster to 256 in those clusters dedicated to Specialized GP and Low Acuity patients.

Two unique facilities (one in the North and one in the South) are programmed to provide treatment services for ICF, acute mental health and dementia care patients.
In addition, these facilities will provide "centers of excellence" in specific diagnostic/treatment services such as dialysis, infusion and oncology treatment. Both of these facilities will provide approximately 1,700 patient beds. The cluster sizes are similar to those of the five typical CHCFs for men.

One of these unique facilities will be programmed to accommodate both male and female patients in separate institutions within a single perimeter. Additionally, hospice services for men and women will be located at this facility.

In the following table, the number of patient beds and clusters for the two special and the five prototypical facilities is presented. This overview is intended to guide not only the site planning, but also the development of the organizational structure for treatment and custody staff.

	Facilty 1			Facilty 5				Prototypical		
Bed Type	**Type**	**M/F**	**Total**	**Type**	**M/F**	**Total**	**Bed Type**	**Type**	**M/F**	**Total**
MEDICAL BEDS										
Cluster 1			**256**			**256**	**Cluster 1**			**256**
Unit #1a	SGP	M	64	SGP	M	64	Unit #1a	SGP	M	64
Unit #1b	SGP	M	64	SGP	M	64	Unit #1b	SGP	M	64
Unit #1c	SGP	M	64	SGP	M	64	Unit #1c	SGP	M	64
Unit #1d	SGP	M	64	SGP	M	64	Unit #1d	SGP	M	64
Cluster 2			**256**			**0**	**Cluster 2**			**256**
Unit #2a	SGP	M	64				Unit #2a	SGP	M	64
Unit #2b	SGP	M	64				Unit #2b	SGP	M	64
Unit #2c	SGP	M	64				Unit #2c	SGP	M	64
Unit #2d	SGP	M	64				Unit #2d	SGP	M	64
Cluster 3			**188**			**220**	**Cluster 3**			**204**
Unit #3a	LOW	M	48	LOW	M	48	Unit #3a	LOW	M	48
Unit #3b	LOW	M	48	LOW	M	48	Unit #3b	LOW	M	48
							Unit #3c	LOW	M	48
Unit #3c	HIGH	M	30	HIGH	M	30	Unit #3d	HIGH	M	30
Unit #3d	HIGH	M	30	HIGH	M	30	Unit #3e	HIGH	M	30
Unit #3e	MHCB	M		MHCB	M		Unit #3f	MHCB	M	
Unit #3f				HOS	M	32				
Unit #3g	DEM	M	32	DEM	M	32				
Women			**0**			**350**				
Cluster W1										
Unit W1a				SGP	F	42				
Unit W1b				SGP	F	42				
Unit W1c				SGP	F	42				
Unit W1d				SGP	F	42				
Unit W1e				SGP	F	42				
Unit W1f				SGP	F	42				
Unit W1g				LOW	F	34				
Unit W1h				LOW	F	32				
Unit W1i				HIGH	F	32				
Medical			**700**			**826**	**Medical**			**716**

Facility 1				Facility 5			Prototypical			
MENTAL HEALTH BEDS										
Women			**0**			**358**				
Cluster W2										
Unit W2a				EOP	F	40				
Unit W2b				EOP	F	40				
Unit W2c				EOP	F	40				
Unit W2d				EOP	F	40				
Unit W2e				EOP	F	40				
Unit W2f				EOP	F	40				
Unit W2g				EOP	F	40				
Unit W2h				EOP-H	F	32				
Unit W2i				MHCB	F	18				
Unit W2j				APP/ICF	F	28				
Cluster 3 - cont'd			**28**			**28**	**Cluster 3 - cont'd**			**28**
Unit #2e	MHCB	M	14	MHCB	M	14	Unit #3d	MHCB	M	14
Unit #2e	MHCB	M	14	MHCB	M	14	Unit #3d	MHCB	M	14
Cluster 4			**224**			**224**	**Cluster 4**			**256**
Unit #4a	EOP	M	64	EOP	M	64	Unit #4a	EOP	M	64
Unit #4b	EOP	M	64	EOP	M	64	Unit #4b	EOP	M	64
Unit #4c	EOP	M	64	EOP	M	64	Unit #4c	EOP	M	64
Unit #4d	EOP-H	M	32	EOP-H	M	32	Unit #4d	EOP	M	64
Cluster 5			**120**			**120**	**Cluster 5**			**192**
Unit #5a	ICF	M	30	ICF	M	30	Unit #5a	EOP	M	64
Unit #5b	ICF	M	30	ICF	M	30	Unit #5b	EOP	M	64
Unit #5c	ICF	M	30	ICF	M	30	Unit #5c	EOP-H	M	32
Unit #5d	ICF	M	30	ICF	M	30	Unit #5d	EOP-H	M	32
Cluster 6			**120**			**120**	**Cluster 6**			**128**
Unit #6a	ICF-H	M	30	ICF-H	M	30	Unit #6a	EOP-H	M	32
Unit #6b	ICF-H	M	30	ICF-H	M	30	Unit #6b	EOP-H	M	32
Unit #6c	ICF-H	M	30	ICF-H	M	30	Unit #6c	EOP-H	M	32
Unit #6d	ICF	M	30	ICF	M	30	Unit #6d	EOP-H	M	32
Cluster 7			**120**			**0**				**0**
Unit #7a	ICF-H	M	30							
Unit #7b	ICF-H	M	30							
Unit #7c	ICF-H	M	30							
Unit #7d	ICF	M	30							
Cluster 8			**120**			**0**				**0**
Unit #8a	ICF-H	M	30							
Unit #8b	ICF-H	M	30							
Unit #8c	ICF-H	M	30							
Unit #8d	ICF-H	M	30							
Cluster 9			**120**			**0**				**0**
Unit #9a	ICF-H	M	30							
Unit #9b	ICF-H	M	30							
Unit #9c	ICF-H	M	30							
Unit #9d	ICF-H	M	30							
Cluster 10			**120**			**120**				**0**
Unit #10a	ACUTE	M	30	ACUTE	M	30				
Unit #10b	ACUTE	M	30	ACUTE	M	30				
Unit #10c	ACUTE	M	30	ACUTE	M	30				
Unit #10d	ACUTE	M	30	ACUTE	M	30				
Mtl. Health			**972**			**970**	**Mtl. Health**			**604**
Totals			**1,672**			**1,796**	**Totals**			**1,320**

Facility Space Listing

The facility planning process resulted in a detailed space list for each of the services, programs, and functions contained in the CHCF. Input was obtained from the Core Planning Team, individual sub-group programming teams created by the Core Planning Team, consultants to the CPR, and through research of facilities with comparable building elements.

There are very few universally accepted space planning standards for correctional health care facilities. This is especially true for the proposed CHCFs given the sub-acute care orientation of its projected patient population. The URS/BLL planning team relied upon existing planning standards to the extent that we believed these standards were appropriate.

The following references were among several that were evaluated during the space planning work effort:

- American Correctional Association (ACA)
- California Title 24 Building Codes
- California Title 22
- AIA Healthcare Guidelines
- CDCR Design Standards
- Joint Commission for Accreditation of Health Care Organizations

In addition, a number of other sources were studied, including existing facilities that have program or service elements that are comparable to those planned for the CHCFs. While the ACA source was used as a planning baseline, it was necessary to reach beyond the ACA guidelines because so many of the room types and functions proposed for the CHCF sites are not specifically referenced in the ACA standards.

Some of the planning principles that were applied to the facility space planning effort include the following:

- Plan for accessibility throughout the site
- Accommodate the chronic and physically challenged patient population
- Provide for appropriate custody resources and space
- Achieve flexible spaces
- Plan for an aging and increasingly acute patient population
- Provide spaces, and a physical environment, which will support a therapeutic environment

Within the Functional Narrative section, more detailed room-by-room space listings are presented for each specific proposed program or service.

Net/Gross Factoring

The facility space list is based upon net assignable square footage for the various functions. The building net square footage is converted to gross square footage for estimating purposes.

If applicable, overhangs are generally taken at one-third of the gross area; outdoor exercise courts and open-air dockage are taken at one-half of the gross area. These and other exterior improvements (where indicated on the space lists in parentheses) must be added to the building gross square footage in making cost projections.

The multipliers used in converting net-to-gross space are the measure of building efficiency. The multipliers allow for circulation, stairs, shafts, and wall thicknesses.

The gross multipliers do not include support spaces such as janitor closets, toilets and mechanical/electrical spaces. All usable rooms, other than gross mechanical and electrical space allowances, are included in the net facility space lists. The multipliers indicated in the Facility/Space List have been used successfully in past programs for similar projects. The adequacy of the multipliers will be evaluated once a specific design is achieved and the net to gross square footages of the proposed buildings can be measured.

Mechanical and Electrical (M&E) Space Allowance

The gross square footage includes a 6 percent mechanical and electrical allowance for converter rooms, electrical panels, etc. The M&E gross space allowances do not include utility tunnels should they be required. The 6 percent M&E space, when combined with the central plant, may increase the project mechanical and electrical space to approximately 8 percent of the project gross square footage.

As the projects move forward into the design process, the design teams should feel free to locate the M&E space as their design concepts require.

During the design process, it is likely that modifications will be made to the space listing. The specific design solutions that evolve will shape gross building areas, and the areas currently allocated to building circulation and infrastructure.

Facility Number	1			5			Typical		
	Code	GSF	Beds	Code	GSF	Beds	Code	GSF	Beds
Code 100 Housing Cluster #1									
Specialized G.P.	110	12,266	64	110	12,266	64	110	12,266	64
Specialized G.P.	110	12,266	64	110	12,266	64	110	12,266	64
Specialized G.P.	110	12,266	64	110	12,266	64	110	12,266	64
Specialized G.P.	110	12,266	64	110	12,266	64	110	12,266	64
Cluster Support	810	7,629		810	7,629		810	7,629	
Cluster Service	811	8,017		811	8,017		811	8,017	
SUBTOTAL		**64,710**	**256**		**64,710**	**256**		**64,710**	**256**
Code 100 Housing Cluster #2									
Specialized G.P.	110	12,266	64				110	12,266	64
Specialized G.P.	110	12,266	64				110	12,266	64
Specialized G.P.	110	12,266	64				110	12,266	64
Specialized G.P.	110	12,266	64				110	12,266	64
Cluster Support	810	7,629					810	7,629	
Cluster Service	811	8,017					811	8,017	
SUBTOTAL		**64,710**	**256**		**0**	**0**		**64,710**	**256**
Code 100 Housing Cluster #3									
Low Acuity	120	19,277	48	120	19,277	48	120	19,277	48
Low Acuity	120	19,277	48	120	19,277	48	120	19,277	48
Low Acuity							120	19,277	48
Hospice Housing				121	20,919	32			
High Acuity	130	14,395	30	130	14,395	30	130	14,395	30
High Acuity	130	14,395	30	130	14,395	30	130	14,395	30
Dementia Housing	131	20,240	32	131	20,240	32			
MHCB	160	14,564	28	160	14,564	28	160	14,564	28
MHCB Support	161	2,926		161	2,926		161	2,926	
Cluster Support	820	6,655		820	6,655		820	6,655	
Cluster Service	821	3,370		821	3,370		821	3,370	
SUBTOTAL		**115,099**	**216**		**136,018**	**248**		**114,137**	**232**

Facility Number	1			5			Typical		
	Code	GSF	Beds	Code	GSF	Beds	Code	GSF	Beds
Code 100 Housing Cluster #4									
EOP-Type A	140A	14,362	64	140A	14,362	64	140A	14,362	64
EOP-Type A	140A	14,362	64	140A	14,362	64	140A	14,362	64
EOP-Type B							140B	17,022	64
EOP-Type B	140B	17,022	64	140B	17,022	64	140B	17,022	64
EOP-High	150	12,174	32	150	12,174	32			
Cluster Support	840A	8,967		840A	8,967		840B	10,543	
Cluster Service	841A	7,658		841A	7,658		841B	7,658	
SUBTOTAL		**74,544**	**224**		**74,544**	**224**		**80,968**	**256**
Code 100 Housing Cluster #5									
ICF	170	17,296	30	170	17,296	30			
ICF	170	17,296	30	170	17,296	30			
ICF	170	17,296	30	170	17,296	30			
ICF	170	17,296	30	170	17,296	30			
Cluster Support	860	6,232		860	6,232				
Cluster Service	861	2,910		861	2,910				
EOP-Type A							140A	14,362	64
EOP-Type B							140B	17,022	64
EOP-High							150	12,174	32
EOP-High							150	12,174	32
Support							830	8,595	
Service							831	7,650	
SUBTOTAL		**78,324**	**120**		**78,324**	**120**		**71,977**	**192**
Code 100 Housing Cluster #6									
ICF	170	17,296	30	170	17,296	30			
ICF-High	180	16,440	30	180	16,440	30			
ICF-High	180	16,440	30	180	16,440	30			
ICF-High	180	16,440	30	180	16,440	30			
Cluster Support	870	6,278		870	6,278				
Cluster Service	871	2,910		871	2,910				
EOP-High							150A	12,174	32
EOP-High							150A	12,174	32
EOP-High							150A	12,174	32
EOP-High							150A	12,174	32
Support							850	9,641	
Service							851	2,910	
SUBTOTAL		**75,802**	**120**		**75,802**	**120**		**61,248**	**128**

Facility Number	1			5			Typical		
	Code	GSF	Beds	Code	GSF	Beds	Code	GSF	Beds
Code 100 Housing Cluster #7									
ICF	170	17,296	30						
ICF-High	180	16,440	30						
ICF-High	180	16,440	30						
ICF-High	180	16,440	30						
Cluster Support	870	6,278							
Cluster Service	871	2,910							
SUBTOTAL		**75,802**	**120**		**0**	**0**		**0**	**0**
Code 100 Housing Cluster #8									
ICF-High	180	16,440	30						
ICF-High	180	16,440	30						
ICF-High	180	16,440	30						
ICF-High	180	16,440	30						
Cluster Support	870	6,278							
Cluster Service	871	2,910							
SUBTOTAL		**74,946**	**120**		**0**	**0**		**0**	**0**
Code 100 Housing Cluster #9									
ICF-High	180	16,440	30						
ICF-High	180	16,440	30						
ICF-High	180	16,440	30						
ICF-High	180	16,440	30						
Cluster Support	870	6,278							
Cluster Service	871	2,910							
SUBTOTAL		**74,946**	**120**		**0**	**0**		**0**	**0**
Code 100 Housing Cluster #10									
Acute Psych Program	190	16,214	30	190	16,214	30			
Acute Psych Program	190	16,214	30	190	16,214	30			
Acute Psych Program	190	16,214	30	190	16,214	30			
Acute Psych Program	190	16,214	30	190	16,214	30			
Cluster Support	880	5,853		880	5,853				
Cluster Service	881	2,910		881	2,910				
SUBTOTAL		**73,621**	**120**		**73,621**	**120**		**0**	**0**

Facility Number	1			5			Typical		
	Code	GSF	Beds	Code	GSF	Beds	Code	GSF	Beds
Code 200 Diagnostic & Treatment									
Treatment Mall Management	205	598		205	598		205	598	
PT/OT	210	13,595		210	13,595		210	13,595	
Imaging	220A	5,350		220B	5,604		220C	5,305	
Laboratory	230	2,966		230	2,966		230	2,966	
Pharmacy	240A	3,031		240A	3,031		240B	2,665	
Dialysis	250A	9,746		250B	10,708				
Infusion Center	255A	3,242		255B	3,934				
Medical Clinic	261A	11,854		261B	9,790		261B	9,790	
Mental Health Clinic	262A	10,560		262B	10,560		262C	13,443	
Procedure Center	263	4,240		263	4,240		263	4,240	
Central Services	265	2,519		265	2,519		265	2,519	
Dental	270A	7,806		270B	9,448		270C	7,266	
Patient Management Unit	280	18,828		280	18,828		280	18,828	
Triage & Treatment Clinic	290A	7,276		290B	8,842		290C	6,988	
SUBTOTAL		**101,611**	**0**		**104,663**	**0**		**88,203**	**0**

Code 300 Patient Community									
General Visiting	310A	9,583		310A	9,583		310B	9,065	
Education Admin	321B	5,497		321C	4,741		321A	6,536	
Academic Education	322B	12,658		322C	5,275		322A	10,601	
Recreation Therapy	331	18,607		331	18,607		331	18,607	
Other Indoor	332	2,639		332	2,639		332	2,639	
Religious Programs	340	4,909		340	4,909		340	4,909	
General Library	351	4,606		351	4,606		351	4,606	
Legal Library	352	3,155		352	3,155		352	3,155	
Patient Programs	380B	10,022		380C	8,565		380A	12,633	
Patient Services	390	687		390	687		390	687	
Environmental Services Unit	391	1,577		391	1,577		391	1,577	
SUBTOTAL		**73,940**	**0**		**64,343**	**0**		**75,015**	**0**

Facility Number	1			5			Typical		
	Code	GSF	Beds	Code	GSF	Beds	Code	GSF	Beds
Code 400 Administration									
Public Entry	411	1,723		411	1,723		411	1,723	
Security Screening	412	4,788		412	4,788		412	4,788	
Staff Entry	413	2,026		413	2,026		413	2,026	
Business Services	414A	6,238		414A	6,238		414B	5,555	
Executive Conf. Facilities	415	10,098		415	10,098		415	10,098	
Exec. Admin.	421A	5,301		421A	5,301		421B	4,138	
Records	422A	3,475		422A	3,475		422B	3,137	
Staff Services/Prof. Dev.	431A	19,320		431A	19,320		431B	18,948	
Staff Dining	432	5,085		432	5,085		432	5,085	
Administration	441A	4,322		441A	4,322		441B	4,280	
Security & Investigation	442	508		442	508		442	508	
Board of Parole Hearings	450	1,243		450	1,243		450	1,243	
Central Control Room	460A	1,108		460A	1,108		460B	1,035	
Facility Operations Unit	470A	2,426		470A	2,426		470B	2,335	
SUBTOTAL		**67,662**	**0**		**67,662**	**0**		**64,897**	**0**
Code 500 Support Services									
Office Area	511	1,786		511	1,786		511	1,786	
Receiving/Shipping	512	3,428		512	3,428		512	3,428	
General Warehouse	513	4,547		513	4,547		513	4,547	
Food Stores	514A	9,095		514A	9,095		514B	11,252	
Canteen	515	3,708		515	3,708		515	3,708	
Support	516	1,224		516	1,224		516	1,224	
Volatile	517	278		517	278		517	278	
Mail	518	1,036		518	1,036		518	1,036	
Plant Maintenance	520	10,689		520	10,689		520	10,689	
Central Plant	530	11,074		530	11,074		530	11,074	
Vehicles	541	302		541	302		541	302	
Food Factory	550B	79,059		550A	104,542				
Laundry Exchange	560	4,440		560	4,440		560	4,440	
Waste Management	581	4,946		581	4,946		581	4,946	
Waste Treatment	582	298		582	298		582	298	
SUBTOTAL		**135,911**	**0**		**161,394**	**0**		**59,009**	**0**

Facility Number	1			5			Typical		
	Code	GSF	Beds	Code	GSF	Beds	Code	GSF	Beds
Code 600 Perimeter									
Perimeter	610	0		610	0		610	0	
Towers	620	654		620	654		620	654	
Armory/Lockshop & Emer. Resp.	630	2,887		630	2,887		630	2,887	
Vehicle Sallyport	660	652		660	652		660	652	
SUBTOTAL		**4,192**	**0**		**4,192**	**0**		**4,192**	**0**

Code 700 Housing Cluster #W1									
SGP				711	10,581	42			
SGP				711	10,581	42			
SGP				711	10,581	42			
SGP				711	10,581	42			
SGP				711	10,581	42			
SGP				711	10,581	42			
Low Acuity				712	14,185	33			
Low Acuity				712	14,185	33			
High Acuity				713	14,990	32			
Cluster Support				714	7,947				
Cluster Service				715	7,351				
SUBTOTAL		**0**	**0**		**122,146**	**350**		**0**	**0**

Code 700 Housing Cluster #W2									
EOP				716	11,493	40			
EOP				716	11,493	40			
EOP				716	11,493	40			
EOP				716	11,493	40			
EOP				716	11,493	40			
EOP				716	11,493	40			
EOP				716	11,493	40			
EOP-High				717	11,969	32			
MHCB				718	10,846	18			
ICF/APP				719	12,973	28			
Cluster Support				720	9,795				
Cluster Service				721	7,868				
SUBTOTAL		**0**	**0**		**133,903**	**358**		**0**	**0**

Facility Number	1			5			Typical		
	Code	GSF	Beds	Code	GSF	Beds	Code	GSF	Beds
Code 700 Diagnostic & Treatment									
Physical Medicine & Rehabilitation				737	11,085				
Medical Clinic				733	11,754				
Mental Health Clinic				734	7,031				
SUBTOTAL		**0**	**0**		**29,870**	**0**		**0**	**0**
Code 700 Patient Community									
Visiting				741	5,266				
Education Admin.				742	4,920				
Academic Education				743	7,534				
Rec Therapy				745	15,257				
Rec Therapy - Other Indoor				746	1,826				
Religious Programs				747	3,135				
General library				748	2,698				
Legal Library				749	865				
Canteen				750	832				
Hair Care				751	1,030				
Patient Programs Checkpoint				752	10,287				
SUBTOTAL		**0**	**0**		**43,363**	**0**		**0**	**0**

Gross Subtotal	**1,155,820**	**1,672**		**1,239,700**	**1,796**		**749,066**	**1,320**
Area and Beds per Facility Type	**1,155,820**	**1,672**		**1,239,700**	**1,796**		**749,066**	**1,320**

Total Area and Beds per Facility Type	**1,155,820**	**1,672**		**1,239,700**	**1,796**		**3,745,331**	**6,600**

Total Gross Area All Facilities	**6,204,142**	**SF**
Total Patient Beds at All Facilities	**10,068**	**Beds**
Total Area per Patient bed	**616**	**SF per Bed**

Coverd Corridors/Walkways @7.5%		**91,433**		**92,977**		**56,180**
Parking	650	763,200	650	807,600	650	458,750
Square Foot per Bed per Type		**729**		**690**		**567**